Name of Offering ADAIR 2007, T.P.

Type of Filing:

ADAIR 2007, L.P. Address of Executive Offices

Brief Description of Business

Type of Business Organization

corporation business trust

Filing Under (Check box(es) that apply):

Address of Principal Business Operations

(if different from Executive Offices)

New Filing Amendment

6244 NASHVILLE RD, BOWLING GREEN KY 42101

Actual or Estimated Date of Incorporation or Organization:

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

Enter the information requested about the issuer

FORM D

(check if this is an amendment and name has changed, and indic ite change.)

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL OMB Number: 3235-0076
FORM D	Expires: Estimated average burden hours per response16.00
NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	Prefix Serial DATE RECEIVED
NIFORM LIMITED OFFERING EXEMPTION	
n amendment and name has changed, and indicate change.)	C. Wester
Rule 504 Rule 505 Rule 506 Section 4(6) ULOP	JUN 13 2007
A. BASIC IDENTIFICATION DATA	200/
t the issuer	THE STATE OF
mendment and name has changed, and indicate change.)	186 3
NG GREEN KY 42101	ne Number (Including Area Code) 270 843 0060
(Number and Street, City, State, Zip Code) Telepho	ne Number (Including Area Code)
PROCESSED	
JUN 2 2 2007 💍	
Ilimited partnership, already formed NAN CIAT other (please specification)	i masisa qoun tabis belilo bindi seleti mon selebi iliti 1881
Month Year or Organization: O 4 O 7 Actual Estimated ion: (Enter two-letter U.S. Postal Service abbreviation for State:	— 07068103 —
CN for Canada; FN for other foreign jurisdiction)	
	. 1 *
ing of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
later than 15 days after the first sale of securities in the offering. A notice is arlier of the date it is received by the SEC at the address given below or, if reby United States registered or certified mail to that address.	
ange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	
notice must be filed with the SEC, one of which must be manually signed. A or bear typed or printed signatures.	ny copies not manually signed must be
contain all information requested. Amendments need only report the name c, and any material changes from the information previously supplied in Parts.	

GENERAL INSTRUCTIONS

П

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Se

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually si photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report to thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION —

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	3 3 3 4 3	v victo	11) PARTON	ÎGATIONÎDATA					2
2. Enter the information requ	nested for the fall		ing diam	HEATIONDATA		- 4			
Each promoter of the		_	ed within t	he nost fine years.					
				=	af 100/	/ mass of	م ما م	a Canuitar annuaitíon a	Erha :
Each beneficial owns									rine issuer.
Each executive offic				rate genera and mar	naging	partners of	parther	ship issuers; and	
Each general and ma	inaging partner of	partnership issuers.	•						
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗀	Executive Officer		Director	X	General and/or Managing Partner	
Full Name (Last name first, if U S ENERGY PARTNE	, ,		<u>.</u> .	- 1 Marian					
Business or Residence Address 6244 NASHVILLE RD	•	Street, City, State, Z GREEN KY 42.							
Check Box(es) that Apply: SHELTON, CLAY M	Promoter PRES	Beneficial Ov	vner 🔀	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	•		-						
6244 NASHVILLE RD	, BOWLING	GREEN KY 42	101						
Business or Residence Address	s (Number and	Street, City, State, 2	Lip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 📋	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)	 -					 .		
Business or Residence Addres	s (Number and	Street, City, State, 2	Zip Code)		 1				
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Business or Residence Address	ss (Number and	Street, City, State,	Zip Code)				<u>.</u>	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Office	r 🗀	Director		General and/or Managing Partner	
Full Name (Last name first, if	f individual)			 .					
Business or Residence Address	ss (Number and	Street, City, State,	Zip Code)		·			, ,	
Check Box(es) that Apply:	Promoter	Beneficial C	wner [Executive Office	ı 🗌	Director	·	General and/or Managing Partner	·
Full Name (Last name first, in	f individual).	. ,		•		<u>.</u>	···	Table to the second sec	
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)	· · · · ·		·			
Check Box(es) that Apply:	Promoter	Beneficial C)wner [Executive Office	ı [] -Director	[,	General and/or Managing Partner	
Full Name (Last name first, i	f individual)	. = 17=11.							
Business or Residence Addre	ss (Number an	d Street, City, State	Zip Code						
:	_ 					····			
	(Use b	lank sheet, or copy a	and use ade	litional copies of thi	s sheet	, as necessa	ry)		

<u> </u>		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	Yes	No D
2. What is the minimum investment that will be accepted from any individual?	\$	
	Yes	No
3. Does the offering permit joint ownership of a single unit?		□ x
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering lf a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	ng. ate	
Full Name (Last name first, if individual)		
NO NEE		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	•	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	•	
(Check "All States" or check individual States)	🔲 A	all States
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
IL IN IA KS KY LA ME MD MA MI MN		MO
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
RI SC SD TN TX UT VT VA WA WV WI	WY	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	🔲 🕹	All States
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
IL IN IA KS KY LA ME MD MA MI MN		MO
MT NE NV NH NJ NM NY NC ND OH OK		PA
RI SC SD TN TX UT VT VA WA WV WI] <u>WY</u>	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		<u> </u>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		·
(Check "All States" or check individual States)		All States
AL AK AZ AR CA CO CT DE DC FL GA	HI	[ID]
IL IN IA KS KY LA ME MD MA MI MN		
MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities of fered for exchange and already exchanged. Type of Security		Aggregate ffering Price		Amount Already Sold
	Debt	¢		4	•
	Equity				<u> </u>
	Common Preferred	₽		-	
	Convertible Securities (including warrants)	\$			S
	Partnership Interests				S
	Other (Specify DRILLING-COMPLETION				-0-
	Total				0.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;			Aggregata
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		-0-		s <u>-0-</u>
	Non-accredited Investors	_			\$
	Total (for filings under Rule 504 only)	_			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		•		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505				\$
	Regulation A				\$
	Rule 504		····		\$
	Total				\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		:‡ 🗆	1.5	\$
	Printing and Engraving Costs		X		\$_ 1,500 0
	Legal Fees		x	}	\$_1,200
	Accounting Fees	, .	x]	\$_1,200
	Engineering Fees	.]	\$
	Sales Commissions (specify finders' fees separately)	· · · · ·]	\$
	Other Expenses (identify)]	\$
	Total			1	s_039900

and total expenses furnished				\$ 19496,100
each of the purposes show check the box to the left of the section of the left	 If the amount for any purpose is a he estimate. The total of the payments 	not known, furnish an estimate and slisted must equal the adjusted gross	·	
			Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees]\$	
Purchase of real estate]\$	
		Г		\\ \ \$
		_	_ '	
Acquisition of other busin	esses (including the value of securiti	es involved in this		
		_		
Working capital		[]\$	
Other (specify): DRILLI	NG-COMPLETION]\$ <u> </u>	□ \$1,496,100
			`]\$	\$
Column Totals			¬ \$ 0 00	\$. 0.00
	lumn totals added)		so	
	D. FEDE	RAL SIGNATURE		
ignature constitutes an undert	notice to be signed by the undersigned iking by the issuer to furnish to the U	duly author zed person. If this notice S. Securities and Exchange Commis	is filed under R sion, upon writt	
ssuer (Print or Type)	Signature		Date	
ADAIR 2007, L.P.	Class	h gutt	06-12-2	007
Name of Signer (Print or Type	Title of Sig	gner (Print or Type)		
CLAY SHELTON	PRESID	ENT	•	

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.		230.262 presently subject to any of the di		Yes	No
		See Appendix, Column 5, for state	response.		-
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such times	ertakes to furnish to any state administrato as required by state law.	r of any state in which this notice is f	īled a no	tice on Form
3.	The undersigned issuer hereby unissuer to offerees.	dertakes to furnish to the state administra	tors, upon written request, informa	tion furn	ished by the
4.	limited Offering Exemption (ULO	that the issuer is familiar with the condit E) of the state in which this notice is filed of establishing that these conditions have	and understands that the issuer cla	titled to iming the	the Uniform e availability
	uer has read this notification and know thorized person.	vs the contents to be true and has duly caus	ed this notice to be signed on its beha	alf by the	undersigned
Issuer ((Print or Type)	Signature	Date		
Name ((Print or Type)	Title (Print or Type)			b 1° -, . b

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	·	r' í		API	PENDIX				
]	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (P:rrt C-Item 2)				5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yės	No
AL									180000000
AK									
AZ									
AR					.,				
CA									
СО	-								
СТ									
DE									
DC									
FL									
GA		and the second s							
НІ									
ID					_				
IL									
IN				ļ <u>.</u>			· 		
IA					<u> </u>		<u> </u>		
KS									
KY									
LA		2 · · · · · · · ·			·				
ME					_				
MD			,						
MA									
MI									
MN									
MS									

APPENDIX 1 2 3 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of waiver granted) amount purchased in State investors in State offered in state (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes N_0 Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RΙ SC SD TN TXUT VT VAWA WV WI

,	APPENDIX											
j	2 Intend to sell to non-accredited		Type of security and aggregate offering price	Type of investor and			·					
		s in State -Item 1)	offered in state (Part C-Item 1)	amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												

